## FILE FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H98658

(8)

APPREC	e of Business	Mailing Address			
5750 MAJOR BLVD#300 ORLANDO FL 32819		5750 MAJOR BLVD.#300 ORLANDO FL 32819-7839			
				3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 04/23/1996
<b></b>	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		59-2642795	Not Applicable
Suite, Apt		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & Stall	$\epsilon$	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes ☐ No
1=31	9. Name and Address of Curren		1	10. Name and Address of New Reg	
STE	CO N LAURA ST 3400 KSONVILLE FL 32202		82 Street Addr	OTOLAW, Inc. ess (P.O. Box Number is Not Acceptabliverplace Blvd. 1301	le)
•			84 City	ksonville	FL 85 Zip Code 32207
SIGNATURE	Signature, typed or printed partie of egistered age	nt and title if applicable. (NC	TE: Registered Agent signature requir	· · · · · · · · · · · · · · · · · · ·	urpose of changing its registered of the appointment as registered DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THLE	PO	DELETE	1.1 TITLE	y."	Change Addition
NAME	POITRAS, EDWARD W.		1.2 NAME	•	į
STREET ADORESS	50 N LAURA ST STE 3400		1.3 STREET ADDRESS		
CHY+ST-ZIP TITLE	JACKSONVILLE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		L.J bettere	2 2 NAME		
STREET ADURESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	4	;
THE		DELETE	3.1 TITLE	······································	Change Addition
NAME			3.2 NAME		
STREET ADDINGS			3.3 STREET ADDRESS		
CITY ST-74P			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 THILE		Change Addition
NAM€			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
GITY - ST - ZiP			4.4 CITY-ST-ZIP		
THLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZiP		4	5.4 CiTY-ST-ZiP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6 3 STREET ADDRESS		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation or the receiver of true-lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bip 13 if changed, or on an attaction with an address.

SIGNATURE

4/11/97

(407)345-0937

**FILED** 

Apr 25 1997 8:00am

Secretary of State